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FEE TRANSMITTAL For FY 2009 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (8) 1,300.00 Altomey Docket No. NO484.70057US00 METHOD OF PAYMENT (8) 1,300.00 Altomey Docket No. NO484.70057US00 METHOD OF PAYMENT (9) 1,300.00 Altomey Docket No. NO484.70057US00 METHOD OF PAYMENT (9) Chack Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing foe Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing foe Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing foe Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing foe Charge fee(s) indicated below, except for the filing foe Charge fee(s) indicated below, except for the filing foe Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing foe Charge fee(s) indicated below, except for the filing foe Charge fee(s) indicated below, except for the filing foe Charge fee(s) indicated below, except for the filing foe Charge fee(s) indicated below, except for the filing foe Charge fee(s) indicated below, except for the filing foe Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below Examination Fee (s) Fee (s) Fe						Complete if Known					
FEE TRANSMITTAL For FY 2009	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).										
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MOREHOD OF PAYMENT (check all that apply)	FOFF1 2009										
Check X Credit Card Money Order None Other (please identify):	Applicant claims small entity status. See 37 CFR 1.27					Art Unit	2	2626			
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Name: Wolf, Greenfield & Sacks, P.C.	TOTAL AMOUNT OF PAYMENT (\$) 1,300.00				Attorney Docket No. N0484.7005			JS00			
Deposit Account Deposit Account Number 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.	METHOD OF PAYMENT (check all that apply)										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of Charge fee(s) indicated below, except for the filling fee Capture fee(s) indicated below, except for the filling fee Capture fee(s) indicated below, except for the filling fee Capture fee(s) indicated below, except for the filling fee ExAm Indicated payments Fee (s) Fee (s) Fee (s) Fee (s) Small Entity Fee (s) Fee (s) Fee (s) Fee (s) Fee (s) Fee (s) Small Entity Fee (s) Fee (Check X Credit Card Money Order None Other (please identify):										
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X	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Fee Sunder 37 CFR 1.16 and 1.17											
Application Type											
Paper	FEE CALCULATION										
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Utility 330 165 540 270 220 110	Application T	ype <u>I</u>	ee (\$)		Fee (\$		Fee (\$)		Fees F	Paid (\$)	
Plant	Utility		330	165	540	270		110			
Reissue	Design		220	110	100	50	140	70			
Provisional	Plant		220	110	330	165	170	85			
Signature Sign	Reissue		330	165	540	270	650	325			
Fee (S) Fee	Provisional		220	110	0	0	0	0			
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Name (Print/Type) William R. McClellan Date November 4, 2009					an		29,409	Telephone	617.646	3.8000	
	Name (Print/Type)	William R. M	lcClella	n				Date	Novembe	· 4, 2009	